

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15560**
Registrar's No. **3849**

LED APR 23 1953

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN St. Louis, Mo.c. LENGTH OF
STAY (in this place)
77, 5m, 24d

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Missouri

b. COUNTY

d. Is Residence within limits of a city or incorporated town?
Yes ☐ No ☐

d. FULL NAME OF HOSPITAL OR INSTITUTION—City Infirmary Hospital

e. STREET ADDRESS (If rural, give location)
13 5600 Arsenal St.

2139

3. NAME OF DECEASED
(Type or Print)

a. (First)

Anna

b. (Middle)

c. (Last)

Chivers

4. DATE

OF

DEATH

(Month)

April

(Day)

11m

(Year)

1953.

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 20, 1866

9. AGE (In years last birthday)

86

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)

Highland, Ill.

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME

Joseph Frey

13b. MOTHER'S MAIDEN NAME

Louise ??

14. NAME OF HUSBAND OR WIFE

Late Charles Chivers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME

Mrs. Rose Gregory, 1408a Sullivan A

ADDRESS

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION

arteriosclerosis, general

diabetes mellitus

INTERVAL BETWEEN ONSET AND DEATH

yes

yes

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

4500

22. I hereby certify that I attended the deceased from August 1, 1952, to April 11, 1953, that I last saw the deceased alive on April 11, 1953, and that death occurred at 8:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

5600 Arsenal St.

23c. DATE SIGNED

4-11-53

24a. BURIAL, CREMATION, OR OTHER

24b. DATE

Apr. 14, 1953

24c. NAME OF CEMETERY OR CREMATORY

New Pickers Cemetery, St. Louis, Mo.

24d. LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL

APR 14 1953

REGISTRAR'S SIGNATURE

Carl Smith

25. FUNERAL DIRECTOR'S SIGNATURE

Leidner Und. Co. 2223 St. Louis Av.

ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No.....
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.